

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
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6						
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18	1					
19		1				
20		1				
21		1				
22		1				
23		1				
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28	1					
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31		1				
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42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49	1					
50		1				
TOTAL IND.	←		←		←	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
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95						
96						
97						
98						
99						
100						
TOTAL IND.	6		←		←	
TOTAL DEP.		33		←		←
TOTAL CLAIMS						